Name in Full: Elizabeth M Allen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bladensburg — County: Prince Geo

Date of death 1904 — Month: Sept — Day: 1 — Age — Years: 2 — Months: 1 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: none — Where Residing if not at place of death:

~~Married~~, Single or Widowed — Name of Wife or Husband:

Father's Name: Tobias Allen — Father's Birthplace: Md

Mother's Maiden Name: Martha Brisco — Mother's Birthplace: Md

Name of person giving Information: [illegible] — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Intestinal Perforation — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Hyattsville

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Regehina Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Riggs Farm; County: Prince Georg Co

Date of death: 26 / 1904; Month: September; Day: Wednesday; Years: Age Eighteen; Months: Six; Days: 18

Sex: Female; Color or Race: Colored; Birthplace: Maryland

Occupation: Service Girl; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Robert Bailey; Father's Birthplace: Virgina

Mother's Maiden Name: Nellie Bailey; Mother's Birthplace: Maryland

Name of person giving Information: Robert Bailey; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis; How long: Probably about 6 months

Immediate: Induced Abordion; How long: Probably about 14 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V L Parry

Address: Hyattsville MD

Accident or Suicide?

LIBRARY BUREAU A88818

Abortion provoked
self-induced

Name in Full

Certificate of Death

John Beckley

Died at Town Hemo Hound County A.A. MARYLAND

Date 1904 Month Sep Day 7th | Age Y. 73 M. — D. — | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~Widow~~ Married ~~Widower~~ Single ~~Divorced~~ | ~~Winter~~ Colored | Number of children living

Husband of
Wife

Father's Name +

Mother's Maiden Name X

Cause of Death: Primary Pneumonia — How long sick 4 days

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by J. L. Wooring

Address Odenton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Alice Brown — Certificate of Death

Died at Allendale (Town) Garrett (County) MARYLAND

Date 1904 Month April Day 4th | Age Y. — M. — D. — | Native of Md | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name Wm. Biggs — Mother's Maiden Name — Hubbard

Cause of Death: Primary Bright's Disease — How long sick

Immediate Exhaustion from Convulsions & Epileptic Fits — Accident, ~~Suicide, Homicide~~

Reported by J. L. Rodney

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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LIBRARY BUREAU. 79898

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Lettie Bloss

Died at: Town: Broadcreek. County: Pr. Ges.

Date of death 1907: Month: 9 Day: 20

Age: Years: 27 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Va.

Married, Single or Widowed: Married Occupation: Housewife

Name of ~~Wife or~~ Husband: Joseph. B. Bloss

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Nama of person giving In formation: Joseph. B Bloss. How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 5 yrs

Immediate: Hectic Feber. + Exhaustion. How long: 6 mos

Are the name, age, sex, color, date and place correctly givan above? Yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88316

Place of Burial

Herndon Va.

Name in Full: Thos. P. Briggs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Muirkirk; County: Prince Georges

Date of death: Month: Sept; Day: 10; Year: 1904

Age: Years: 19; Months: —; Days: 7

Sex: male

Color or Race: Black

Birthplace: Md

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thos Briggs

Father's Birthplace: Md

Mother's Maiden Name: Mary Hawkins

Mother's Birthplace: Md

Name of person giving Information: Nannie Hawkins

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric - Colitis

How long: 3 comas

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Taylor

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henry Brown

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Westville — County

Date of death: Month Sept — Day 2 — 1904

Age: Years 70 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Labor — Where Residing if not at place of death: Westville Md

Married, Single, Widowed — Name of Wife or Husband: Mary Brown

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dont Know — Father's Birthplace: Md

Mother's Maiden Name: Dont Know — Mother's Birthplace: Do

Name of person giving In formation: Granddaughter, Elsie Brown — How related to deceased

CAUSES OF DEATH

Primary: Senility — How long: 4 years

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R Davies

Address: Westville Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full Mary Martha Christmas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marlboro' — County: Prince George

Date of death 1904 — Month: 9 — Day: 8 — Age: Years 30, Months 4, Days 27

Sex: Female — Color or Race: white — Birthplace: Pr. Geo. Co., Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Jas. M. Christmas

Father's Name: Benjamin Franklin Duvall — Father's Birthplace: Pr. Geo. Co., Md

Mother's Maiden Name: Susan Jane Sasscer — Mother's Birthplace: " " " "

Name of person giving information: Elizabeth VanNess Duvall — How related to deceased: sister-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever. — How long: 6 wks.

Immediate: Heart failure. — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. A. Griffith

Address: Upper Marlboro Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Robert Lee Coatley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laurel — County: Pr Ges

Date of death 1904 — Month: Sept. — Day: 12 — Age — Years: — Months: 6 — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Coatley — Father's Birthplace: US

Mother's Maiden Name: Sophia Gibson — Mother's Birthplace: US

Name of person giving information: Richard Gibson — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 3 mo.

Immediate: General Prostration — How long: few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J R Smith

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full George child of =

Certificate of Death

Town Brentwood County Pr. Geo MARYLAND

Died at

Date 1889 Sept 25 | Age Y. 0 M. 0 D. 1 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Henry C Daniel | Mother's Name Julia A. Critchlow

Cause of Death: Primary Marasmus

How long sick 8 hrs

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by J. C. Ohlendorf M.D.

Address Brentwood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Helen Darcey

CERTIFICATE OF DEATH

Died at: Town: Forestville — County: Prince George — MARYLAND

Date of death: Month: Sept — Day: 17 — 1904

Age: Years: 2 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Joseph Darcey — Father's Birthplace: Md

Mother's Maiden Name: Maggie Mayfield — Mother's Birthplace: Md

Name of person giving information: James E. Hall — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Worms & Bowel Trouble — How long: —

Immediate: — — How long: Few days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John D. Sansbury

Address: Forestville, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

Joe, L. Downes

Died at C. Africa (Town) P.G. (County) MARYLAND

Date 1904 Month Sept Day 4th | Age Y. 12 M. D. | Native of Md | Occupation House

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name Warring Downes | Mother's Maiden Name Love, Fanny

Cause of Death: Primary 15K | How long sick 12 hours,

Immediate | ~~Accident, Suicide, Homicide~~

Reported by John L. Warring

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Joseph Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lower Marlboro — County: Prince Georges

Date of death 1904: Month: Sept — Day: 8th — Years: Age 25 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Colored	Birthplace: Crown Md	
Occupation: Farm hand	Where Residing if not at place of death: Near Lower Marlboro		
Married, Single or Widowed: Married	Name of Wife or Husband: Elizabeth Ford		
Father's Name: Lloyd Hamilton Henry Ford		Father's Birthplace: Maryland	
Mother's Maiden Name: Eliza Bland		Mother's Birthplace: Maryland	
Name of person giving Information: Charles Spriggs		How related to deceased: None	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis		How long: About 1 year.
Immediate: Hemorrhage		How long: about 1 hour.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: L. S. Savage	
	Address: Benning, D. C.	
Accident or Suicide?		

LIBRARY BUREAU A66518

From 13th dist

Name in Full: Mary V. Gilbert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville; County: Prince George

Date of death: 1904; Month: Sept; Day: 3rd

Age: Years: 14; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed: Single

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Gilbert

Father's Birthplace: Md

Mother's Maiden Name: Maria Jackson

Mother's Birthplace: Md

Name of person giving Information: John Gilbert

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever

How long: 4 weeks

Immediate: Acute Tuberculosis

How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John E Sansbury

Address: Forestville Maryland

Accident or Suicide? neither

LIBRARY BUREAU

Name in Full

Certificate of Death

Lucilla Hawkins

Died at Town Clinton County P.G. MARYLAND

Date 1904 Month Sept Day 9th | Age Y. 2 M. 10 D. — | Native of Md | Occupation Home

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name John E. Hawkins | Mother's Maiden Name Lizzie Needom

Cause of Death: Primary — Consumption — How long sick 6 weeks

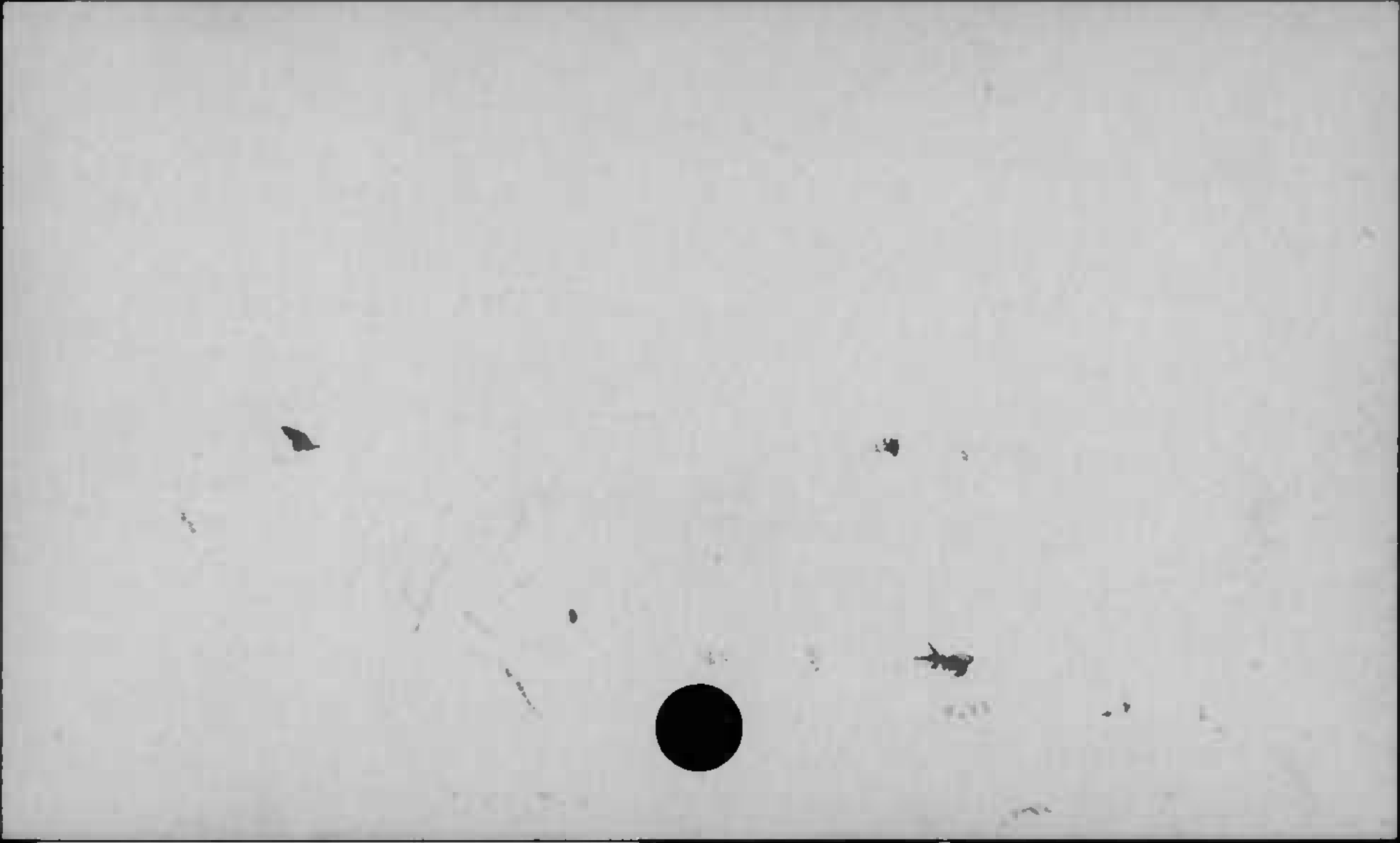
Immediate — Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by J. L. Keeney

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full — Certificate of Death

Anna M. Heinrich

Town — County

Died at Kingsville Co. MARYLAND

Month Day — Y. M. D. — Nativity — Occupation

Date 189 Sept. 27 — Age 8-18 56.

White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband of

Wife

Father's Name Chas. Heinrich — Mother's Name Minnie Heinrich

Cause of Death — Primary Acute enteritis

How long sick

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Richardson Kingsville Md.

LIBRARY BUREAU, 70706

Name in Full: R Clark Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Accokeek — County: Pr. Geo.

Date of death 1904: Month: 9 — Day: 11 — Age: Years: — Months: 1 — Days: 14

Sex: Male — Color or Race: Colored — Birthplace: Md.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Arthur Jackson — Father's Birthplace: Md.

Mother's Maiden Name: Maggie Coates — Mother's Birthplace: Md.

Name of person giving information: Arthur Jackson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero colitis — How long: 5

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. L. Hunt

Address: Piscataway Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A38516

Name in Full

Willie Johnson

Certificate of Death

Died at Clinton (Town) P.G. (County) MARYLAND

Date 1904 Month Sept Day 24th | Age Y. 25 M. D. | Native of Md | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living None

Husband of
Wife

Father's Name William Johnson | Mother's Maiden Name Unknown

Cause of Death: Primary Fistula in Ano & Pelvis | How long sick 6 mos

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. L. Young.

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Edna Rose Kyle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: River View — County: Pr. Geo.

Date of death 1904 — Month: 9 — Day: 6 — Age — Years: — Months: 11 — Days: —

Sex: Female — Color or Race: White — Birthplace: Washington D.C.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enterocolitis.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Luttt M.D.

Address: Piscataway Md.

Accident or Suicide? I

LIBRARY BUREAU A66616

Name in Full: John Francis McGregor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bellevue — County: Prince Georges

Date of death 1904 — Month: Sept — Day: 15 — Age: Years 21 — Months 1 — Days 19

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Civil Engineer — Where Residing if not at place of death: at Place of death

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Francis McGregor — Father's Birthplace: Maryland

Mother's Maiden Name: Florence E Wallace — Mother's Birthplace: Maryland

Name of person giving information: Robt B McGregor — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: about 2 years

Immediate: Asthenia — How long: about half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Fox

Address: Bellevue P. G. County

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: not named.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Munkirk. County: Prince Georges

Date of death: 1904 Month: Sept Day: 1st

Age: Years: 3 Months: Days:

Sex: female Color or Race: white Birthplace: Maryland

Occupation: Child Where Residing if not at place of death: Munkirk

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: James Mc Birch. Father's Birthplace: Balto

Mother's Maiden Name: Ida. Burton Mother's Birthplace: Balto

Name of person giving Information: Blanch Burton How related to deceased: Aunt.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus. How long: 2 mo

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Pyeatt

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Infant Child Richards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westwood — County: Prince George

Date of death 1904: Month: 9 — Day: 1

Age: Years: — Months: 1 — Days:

Sex: male — Color or Race: white — Birthplace: Westwood

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Richards — Father's Birthplace: Westwood Md

Mother's Maiden Name: — Mother's Birthplace: Westwood Md

Name of person giving Information: Jos Richards — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long:

Immediate: Exhaustion — How long: one month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos Richards

Address: Westwood

Accident or Suicide?

LIBRARY BUREAU A66318

Name in Full: Burnace V. Shipley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince Georges

Date of death: 1904 Month: Sept Day: 18

Age: Years — Months: 8 Days: 8

Sex: female Color or Race: white Birthplace: Laurel

Occupation: child

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Shipley — Father's Birthplace: Laurel

Mother's Maiden Name: Senora Penn — Mother's Birthplace: Laurel

Name of person giving Information: James Shipley — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteri Colitis — How long: 3 months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr R Brady

Address: Laurel Maryland

Accident or Suicide?

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LIBRARY BUREAU A88616

Name in Full: Leonard Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: House Reformation, Town: Cheltenham, P. G. County

Date of death 1904: Month: Sept, Day: 6, Age: Years: 20, Months, Days

Sex: Male | Color or Race: Colored | Birthplace: Baltimore Md

Occupation: Inmate | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: John Smith | Father's Birthplace: Kent Co Md

Mother's Maiden Name: Susan Jones | Mother's Birthplace: " " "

Name of person giving Imformation: John B. Pyles Supt | How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis | How long: 2 years

Immediate: Hemorrhage | How long: few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Crom Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full

Matilda Lucille

Certificate of Death

Died at Clinton Town P.G. County MARYLAND

Date 1904 Month Jeb Day 6th | Age Y. 51 M. D. | Native of Md | Occupation Housework

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living four

Husband of Wife Lewis, Lucille

Father's Name Wesley Woodward | Mother's Maiden Name Woodward

Cause of Death — Primary Face — How long sick

Immediate Hopkins [illegible] — Accident, ~~Suicide, Homicide~~

Reported by J. L. Lewis

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full: Louis Wells Taylor

Certificate of Death

Died at — Town: Silver Hill — County: Pr. Geo. — MARYLAND

Date 1894. Month: Sept. Day: 11. | Age: Y. — M. 6. D. 6. | Native of: Md. | Occupation: None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: ~~—~~

Husband of / Wife: —

Father's Name: Wm C. Taylor. | Mother's Name: Sarah R Taylor

Cause of Death — Primary: Marasmus — How long sick: Life

Immediate: Coma — ~~Accident, Suicide, Homicide~~

Reported by: R. A. Pyles. M.D.

Address: Camp Springs D C

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

Name in Full: Henry Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairfield — County: Pr. Geo's

Date of death 1907: Month: 9 — Day: 7 — Age: Years: 93 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Pr. Geo's Co. Md.

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Albert Shuter — How related to deceased: Nom-

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age — How long:

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Hurtt M.D.

Address: Piscataway - Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full Edward P. Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Roscroft — County: Pr. Geo.

Date of death 1904 — Month: 9 — Day: 17 — Age: Years: — Months: 5 — Days:

Sex: male — Color or Race: Black — Birthplace: Roscroft / Md.

Married, Single or Widowed: Sing — Occupation: Non

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Thompson — Father's Birthplace: Md

Mother's Maiden Name: Harriet Marlow. — Mother's Birthplace: Md.

Name of person giving information: William Thompson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 6 mo.

Immediate: Inanition — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. P. Simpson, M.D.

Address: Roscroft, Pr. Geo. Co., Md.

Accident or Suicide? —

LIBRARY BUREAU A8551B

Name in Full: Vernon Wilson alias Webb

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Cheltenham — County: Pr Geo

Date of death: 1904 — Month: Sept — Day: 15 — Years: Age 18 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Baltimore Md

Occupation: Inmate — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Thomas Webb — Father's Birthplace: Md

Mother's Maiden Name: Emily Newman — Mother's Birthplace: Md

Name of person giving Information: Robert Roper — How related to deceased: Superintendent Asylum

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of heart as was — How long: 1 hour

Immediate: Sudden, — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Gibbons

Address: Crome md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James Talley William Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Marlboro; County: Prince Georges

Date of death 1904: Month: Sept; Day: 4

Age: Years: —; Months: —; Days: 7

Sex: male; Color or Race: white; Birthplace: Upper Marlboro Md

Occupation:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred W. Wilson; Father's Birthplace: Pisc. Md

Mother's Maiden Name: Katherine B. Talley; Mother's Birthplace: Pisc. Md

Name of person giving information: Fred W. Wilson; How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 1 wk

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Gifford

Address: Upper Marlboro, Md

Accident or Suicide?

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